SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) 292014

Saylisia Co. Zoning Dept

FHTENED Permit #: Refund: Date: Amount Paid: 675 15-1-14 15-5-1-14 F-8

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

g/asp)

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			1					Τ-			<u> </u>	Use		X		uction: OHAO	a: (if permit bei		Property	☐ Run a Business on	☐ Relocate (existing bldg)	Audinon/Airei anon	New Construction	ki Nama	Project (What are you applying for)			▼ Is Propert	☐ Is Propert	, Township	1/4	Legal Description:	CING TENSON 7	Enson Co	and K	arb
Other: (explain)	Condition	Special Us		Accessory	Accessory Building	Addition/	Mobile Ho	Punkhana	***************************************			-		Residence		Č	ng applied for			ness on	existing bldg)	AILEI GUOII	Alteration		ect oplying for)			//Land within	y/Land withir dward side o	14	W. [8	otion: (Use Ta	ENSON	onstruction		Coat
plain)	Conditional Use: (explain)	Special Use: (explain)	o	≥		Addition/Alteration (specify)	Mobile Home (mapufactured date)	with Attached Garage	podocat (4)	with a Deck	with (2"") Porch	with a Porch	W.i	fi.e. cabin. hunt			r is relevant to it)	and the state of t	☐ Foundation	□ No Basement	☐ Basement		☐ 1-Story ± I o	1.53	# of Stories and/or basement			☐ Is Property/Land within 1000 feet of Lake,	☐ Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	N, Range ()		tatement)	w	/	- Secondary	
	and a factor control of the factor of the fa			n/Alteration (specify)	ifv)	ify)	or □ steeping quarters,	Odlage			h Screen	Contrymay		Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure	Length: 4	Length:			ıt		_	4 □	1300	nt Use		If yescontinue	, Pond or Flowage	Is Property/Land within 300 feet of River, Stream (incl. Intermittent) reek or Landward side of Floodplain? If yescontinue —	W I GWI	CIM VOI & Page	00-00-30-44-09-09-44-E-490-00	580-0367	7953445	Brace U.T.	11443 Zechon City/State/Zip:
			T P announcemental announcement and a second	(v)			or - cooking	ar II aaskins							ure		*			□ None		ZŽ L]]	1333	# pedrooms		-	Distance Structure	Distance Structure	Barnes	LOT(S) NO.	-504-65-	Ser Maining A	Andry R	54973	y lane V.
4441144444			NAME OF THE PERSONS ASSESSED FOR THE PERSONS A				& rood prep racilities)	food name	***************************************							Width: 4	Width:	□ None		☐ Portable (w/service contract)	Privy (Pit)		✓ (New) Sanitary	.000	Sew			ucture is from Shoreline:	ucture is from Shoreline :		o. Biock(s) No.	203-30000	Agein mailing Audress (include city) side/zip):	Raszossez		Dylon, M
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×	×	×		×	×	X	×	× ;	× ;	×××	30× 10	6 × 10	\sim	カメ 公元 × 公元	Dimensions	Height:	Height:			contract)	Vaulted (min 200 gallon)	pediy iype.	Specify Type:		What Type of Sewer/Sanitary System Is on the property?			⊠ Ye.	Is Property in	ice	vision:	Volume 681 Page(s) 52	A Postument: //	ŵ		5576
_	_	-	- -	<u> </u>	-	4	- -	- -	- -	- -	- -	-	-	- -	-	t:	ıt:				30 gallor	OFF. V	2					S	ty in Zone?	Acreage		Page(s)	Attached X Yes	198-	346-	765 Cell Phone:
		AMARIA PARTA MARINE PROPERTY SERVICE PROPERTY AND			**************************************						300	60	400	1760	Square Footage						<u>- </u>		☐ City		Water		□ No	∄Yes	Are Wetlands	1.566		5 5 S	Attached Yes No	798-3355	849-9755	795-2580 cell Phone: 6/3

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Owner(s): (If there are Multiple Owners listed on the Deed All Owners

above described property at any

Authorized Agent:

are/signing on behalf of the hosterion

owner(s) a letter of authorization must accompany this application)

52450

Leke

If you recently purch

Attach
Copy of Tax Statement
Sed the property send your Recorded Deed

Date <u>×</u>

Date

st sign on letter(s) of authorization must accompany this application)

Address to send permit

Barnes

Lot XYes (Deed of Record) No No Ship Yes (Fused/Contiguous Lot(s)) Xino No No Yes No No No No No No No N	Condition(s):Town, Com Fencing A Labe A labe Signature of Inspector:
Lot XYes (Deed of Record) No Nitigation Required Yes XNo Affidavit Required Yes XNo Nitigation Attached Yes XNO Nitigation Attached Yes XNO Affidavit Required Yes XNO Nitigation Attached Yes XNO Affidavit Attached Yes XNO XYes XNO	Condition(s):Tou
Lot XYes (Deed of Record)	Condition(s):Tov
Lot XYes (Deed of Record)	1
Lot Yes (Deed of Record)	well stakes
Lot Yes (Deed of Record)	Was Proposed Bu Inspection Record:
Lot Yes (Deed of Record)	Yes XNo Wa
Yes (Deed of Record) □ No Mitigation Required □ Yes XNo Affidavit Required □ Yes □	Granted by Variance (B.O.A.)
	Is Parcel a Si Is Parcel in Com
Reason for Denia:	Permit Denied (Date): Permit #:
tion	ssuance Info
Stake or Mark Proposed Location(s) of New Construction, Septic Lank (S.L), Drain lie of Dr. Columb Lank (1.L), 1100 (1.L) (1.1	(9)
Prior to the placement or construction of a structure more than ten (14) feet but less than thirty (30) feet intin the liminum requires season, we arrow within 500 feet of the proposed site of the structure, or must be one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	ior to the placement one previously surveyed arked by a licensed su
octuacts to 1 may 1 to receive 2 to the placement or construction of a structure within ten (10) feet of the minimum required serback, the boundary line from which the serback must be measured must be visible from one previously surveyed corner to the placement or construction of a structure with the near the construction of a structure with the construction of a structure with the placement or marked by a licensed surveyor at the owner's expense. On the previously surveyed corner or marked by a licensed surveyor at the owner's expense.	for to the placement of the previously surveys
Feet Setback to Well	etback to Seption
77 Feet Elevation of Floodplain	Setback from the East Lot Line
Lake NA Feet	etback from the
Setback from the Centerline of Platted Road 360 from the Lake (ordinary high-water mark) Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet	etback from the
ment Description Weasurement	
point) James Kalinang	(8)
(7) above (prior to continuing)	Please comple
New septic	
350 +	
	A
5	
141	
100	
	\ \
Sper Eau Claire LK	
Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20%	(7)
Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) Show: All Existing Structures on your Property Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)	(5)

STATEMENT AND FEE TO:

Washburn, Wi 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.
PO Box 58

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

MPR 222014

FITTED Permit#: Date: Amount Paid: 5-2-14 \$30 5-1-14 146049

APPLICATION (visit our Refund: website www.bayfieldcounty.org/zoning/asp)

Che Che

NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	cks are made payable to: Bayfield County Zoning Department.	TRUCTIONS: No permits will be issued until all fees are paid.
ED TO APPLICANT.		
HOW DO I FILL OUT THE	The state of the s	26, 126, 40, 40, 40, 100, 160, 160, 160, 160, 160, 160, 16

山 N, Range	$\frac{\sum_{i=1}^{n} 1/4, N \stackrel{i}{\leftarrow} 1/4}{ C } \qquad \text{Gov't Lot} \qquad \text{Lot(s)}$	PROJECT LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))		Address of Property:	Boles, Thomas Cynthia Trust SOGYO PEASER BARNES WIS	TYPE OF PERMIT REQUESTED → Z LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE
W RARNES	N C	1006C Recorded Documo 324	Agent Phone: Agent Mailing Address (include City/State/Zip):	Contractor Phone: Plumber: 7) \$ - 651-1232	City/State/Zip:	SOGYO PEASERS BARNES V	NITARY PRIVY CONDITIONAL USE SPEC
36 Acres Acreage	Subdivision:	🖺	itate/Zip): Writtei Attach	Plumbe	159	UI SY873 75-	IAL USE ☐ B.O.A. ☐ OTHER
Acreage 36		Page(s) (25) 682	Written Authorization Attached Pes No	Plumber Phone:	651-283-8907	4873 UFS -781-3196	OTHER

	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Craek or Landward side of Floodplain? If yes—continue —▶	300 feet of River, Strea f Floodplain?	itream (incl. Intermittent)	Distance Struc	Distance Structure is from Shoreline : feet	Is Property in /	Are Wetlands Present?
☐ Shoreland —	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	1000 feet of Lake, Pond If ye	Pond or Flowage If yescontinue —	Distance Struc	Distance Structure is from Shoreline :	□ Yes ∕⊂No	□ Yes
√Non-Shoreland							
Value at Time		- Annual Control of the Control of t		ŧ	M/ka+Tw		
of Completion * include donated time &	Project (What are you applying for)	# of Stories and/or basement	Use	of bedrooms	Sewer/Sanitary System Is on the property?	ry System operty?	Water
	New Construction		□ Seasonal	□ 1	☐ Municipal/City	A THE STATE OF THE	□ City
	☐ Addition/Alteration	☐ 1-Story + Loft	Year Round	□ 2	☐ (New) Sanitary Specify Type:	fy Type:	. 🗆 Well
\$ 20,000	☐ Conversion	☐ 2-Story	Line and the second	Π 3	☐ Sanitary (Exists) Specify Type:	ify Type:	
Coo # 0+	1-0)4 000 ☐ Relocate (existing bldg)	□ Basement	100000000000000000000000000000000000000		☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	ulted (min 200 gallon)	
	□ Run a Business on	No Basement		X None	☐ Portable (w/service contract)	ntract)	
	Property	☐ Foundation			☐ Compost Toilet		
•	1				None None		

Existing Structure: (if no	mit bei	Exitating Structure: Transmit being applied for is relevant to it) Length: Width:		Height:	
Proposed Construction:		Length: 식용		Height:	15 feet
Proposed Use	*	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property) NOTOC GARAGE	_	30 × 48)	
		Residence (i.e. cabin, hunting shack, etc.)	-	×	
\		with Loft	~	×	
Residential Use		with a Porch	_	×	
.3.		with (2 nd) Porch		×	
		with a Deck	1	×	
		with (2 nd) Deck	-	×	
☐ Commercial Use		with Attached Garage		×	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)		×	
		Mobile Home (manufactured date)	(×	
		Addition/Alteration (specify)	-	×	
Municipal Use	N	Accessory Building (specify) Nearl GAMES		30× ×8)	のれた
		Accessory Building Addition/Alteration (specify)	_	×	
		Special Use: (explain)	_	×	
		Conditional Use: (explain)	_	×	-
		Other: (explain)	_	×	1949

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) admowledge that I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administraing county ordinances to have access to the above described property at any reasonable time-facthe purpose of inspection. Owner(s):

Owners listed on the Deed All Owners roust server letter(s) of authorization must accompany this application) Deril

Authorized Agent:

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Date

5

2014

11: "00
Signature of Inspector: Minary History 14
Committee or Board Conditions Attach Tunder pressure M.
nspected by M. Time
will staked. Meetach without. Zoning District (+
Case #: Were Property Lines Represented by Ov Was Property Surve
Previously Granted by Variance (B.O.A.) Case #:
rcel a Sub-Standard Lot
(Date):
9
riked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).
other previously surveyed corner or marked by a licensed surveyor at the owner a superior. Office to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the proposed site of the structure, or must be one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner.
Drain Privy (
ling Tank
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Setback from the Bank or Bluff NA NA NA NA NA NA NA NA NA
Platted Road So P) Feet
(8) Setbacks: (measured to the closest point) Description Measurement Description Measurement
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Boles
Apperx 70 Acres
Aper de Acres
Show any (*):
of (*):
et and Indicate.

SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
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APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

7. PR 25214

Company of the Compan ENTENED

Permit #: Date: Amount Paid: \$165 手ののの

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54 year (a. Zoning 1841)

Owner(s):	NIAY 20 1 (we) decider that this applied am (are) responsible for the masses results of payed about the masses results of the masses	terrina de la companya de la company				Municipal Use			☐ Commercial Use			Kesidential Use	•		Proposed Use	Proposed Construction:	Existing Structure: (if				\$ 1/1,000	•	Value at Time of Completion * include donated time & material	□ Non-Shoreland	,	Kshoreland Cro		Section 17	1/4,	PROJECT Leg	Ser		#	SII there	TYPE OF PERMIT REQUESTED—► Owner's Name:	STRUCTIONS: NO Permits Wirecks are made payable to: Br	The inventor will be a served will
Owner(s): (If there are Multiple Owners listed on the Deed All Owners)	FAILURE TO OBTAIN A catton (including any accompanying information detail and accuracy of all information I (we) a cannty reasonable time for the purpose of inspection.	Other: (explain)	44	Special Use: (explain)	☐ Accessory Building	Addition/AlterationAccessory Building	\dashv	□ Bunkhouse		with (2 nd) D	with (2	with a Porch	<u> </u>	☐ Principal Structure	000000000	TR .	(if permit being applied for is relevant to it)	l. I	siness on	isting bldg)		□ New Construction	Project # of S (What are you applying for) and/or k			Creek or Landward side of Floodplain? If yes-	s Property/Land within 300 feet o	Township 44 N, Range	$\frac{1}{4}$ Gov't Lot	tatemer	Pear	Buillas Replication on behalf of Owner(s)	Shore Road	Ningo Mingo	STED→ □ LAND USE □	ty Zoning Department. PERMITS HAVE BEEN 155	II ha issued until all fees are paid.
All Owners must sign or letter(s) of authorization must accompany this application)	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) decider that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue may be accurately relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administ may be accurately relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administruction of the purpose of inspection.	And the second s	explain)	(U)	Accessory Building Addition/Alteration (specify)	(specify) En rada	actured date)	or □ sleeping quarters, or	with Attached Garage	with (2 nd) Deck	with (2 nd) Porch	Porch	oft	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure		(t to it) Length:	CalMaron	at	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		+ Loft X Year Round X	# of Stories Use bed		₩	₩	(incl. Intermittent)	Town of:	1+3 216 2, 271	04-1047-44-09-17-	0562 335	Agent Phone: Agent Ma	٦.١٠	3950 York MES	SANITARY		All the state of t
nust accompany this application)	OUT A PERMIT WILL RESULT IN PENALTIES of my (our) knowledge and belief it is true, correct and of my (our) knowledge and belief it is true, correct and of Bayfield County in determining whether to issue a peronsent to county officials charged with administering onsent to county officials	The state of the s	The state of the s		The state of the s	BR (Atos)	A Point	☐ cooking & food prep facilities) (- Annual Control of the Control of t	Notify the second secon				Width:	Width:	None	None Portable (w/service con		V.	1	of rooms		Distance Structure is from snoreline:	feet	ce Structure is from Shorelin	Lot Size	Lot(s) No. Block(s) No. Subdivision	2-04000	real sion my SS	Aailing Address (include City/State/Zip):	54873	ES WOLS WHS	CONDITIONAL USE SPECIAL USE City/State/Zip:	OUT THIS APPLIC	
Date 77 10	IES rect and complete. I (we) acknowledge that I (we) sissue a permit. I (we) further accept liability which inistering county ordinances to have access to the	X)	×	i i i i i i i i i i i i i i i i i i i	×		- -	x)	x)	X	X	×	X	× >	Dimensions Footage	Height:	Height:		contract)	/aulted (min 200 gallon)	/Туре: Сый	Specify Type: X Well	What Type of Sewer/Sanitary System Is on the property? Water			Floodplain Zone?	ls Property in An	4.374	ion:	1265	33/ At	715-798-3355 Written Authorization	Plumber Phone:	1 5540 Cell Phone:	Telephone:	www.bayfieldco	

Second APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Attach
Copy of Tax Statement
Toperty send your Recorded Deed

rthorization must accompany this application)

hr2-1

Authorized Agent:

Approxime of Inspector: Madal during the Sanktary Department of Hold For TBA:	Inspection Record: Meta all settocole. Date of Inspection: 5-6-14 Insection(s):Town, Committee or Board Conditions Attached?	Granted by Variance (B.O.A.) Yes Woo Case #: Was Parcel Legally Created Was Proposed Building Site Delineated The Yes I No	Is Parcel a Sub-Standard Lot Yes (Deed of Record) S Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) S Structure Non-Conforming Yes	formation (Date):	(9) Stake or Mark Proposed Location NOTICE: All Land Use Permit For The Construction Of New One & T The local To	Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from wone previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 marked by a licensed surveyor at the owner's expense.	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)	Setback from the North Lot Line Lake Setback from the South Lot Line lew Ro Setback from the West Lot Line Setback from the East Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	(8) Setback	Scale complete (1) = (7) shows (prior to continuing)	now dec	70) Colombian ()	(1) Show Location of: Proposed C (2) Show Indicate: North (N) c (3) Show Location of (*): (*) Drivews (4) Show: (5) Show: (6) Show any (*): (*) Lake; (*) (7) Show any (*): (*) Wetlan
Hold For Affidavit:	Inspected by: MM Haddel (ched? □ Yes □ No -(If No they need to be attached.)	P	us Lot(s)) XNO	-ID45	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not be Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform D The local Town, Village, City, State or Federal agencies may also require permits.	the minimum required setback, the boundary line from which the setback must be viner's expense. but less than thirty (30) feet from the minimum required setback, the boundary life but less than thirty (30) feet from the minimum required setback, the boundary life but less than thirty (30) feet from the minimum required setback, the boundary life but less than thirty (30) feet from the minimum required setback must be used.	0 Feet Set	Feet Setback from Wetland TO Feet Setback from 20% Slope SO Feet Elevation of Floodplain	Feet Setback from the Lake (ordinary NA Feet Setback from the River, Stream, Setback from the Bank or Bluff	surement L	tuter or	TEST HOUSE	1	0	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands: or (*) Slopes over 20%
Date of Approxyal:	Zoning District () Lakes Classification () Date of Re-Inspection:	eviously Granted by Variance (B.O.A.) Yes KNo Were Property Lines Represented by Owner Was Property Surveyed X Yes	☐ Yes ZNo Affidavit Required ☐ Yes ☐ Yes ZNo Affidavit Attached ☐ Yes	# of bedrooms: # Sanitary Date: -//	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	tback must be measured must be visible from one previously surveyed corner to the boundary line from which the setback must be measured must be visible from known corner within 500 feet of the proposed site of the structure, or must be		Area	high-water mark) Creek	८०५८म स्म क्रिकेस्ट्रिकां must be approved by the Planning & Zoning Dept. Description Measurement		guage	xisting deck to leave	Take up un	Holding Tank (HT) and/or (*) Privy (P)
		□ □ No	is XNo		Ĺ(w).	ed corner to the s visible from r must be	Feet	Feet Feet	Feet Feet Feet	ning & Zoning Dept. Measurement			1 0		

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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN FWTRF

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Date Stamp (Received)

14. Permit #: Date: Amount Paid: \$ 7-14 14.8g 1-25-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

10 CT 2014 Refund:

☐ Non-Shoreland	≯ Shoreland —		Section	1/4,	PROJECT LOCATION	Authorized Agent: (Persyn Signing Applica	Contractor: Lake Court	Address of Property:	Owner's Name: Ja	TYPE OF PERMIT REC	DO NOT START CONSTRUC
- Committee of the Comm	Xis Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	Section 17 , Township 44 N, Range 9 W	1/4 Gov't Lot (s) /+3	Legal Description: (Use Tax Statement)	alf of Owner(s))		Address of Property: 49745 Fast Shake Road	Bill + Jane Minge	TYPE OF PERMIT REQUESTED→ X LAND USE □ SAI	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
	ke, Pond or Flowage If yescontinue	er, Stream (ind. Intermittent) If yescontinue	Town of: Barnes	Lot(s) CSM Vol & Page 1+3 216 2, 271	04- 004- 2-44.	Agent Phone: 612-812-0562	612-812-862 Rasmusses	Sarres WI	MAJ MAJ SY10	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE	
	Distance Struckyre is from Shoreline:	Distance Structure is from Shoreline:		Lot(s) No. Block(s) No.	PIN: (23 digits) 04- 004- 2-44-09-17-105-002-040-001ume 1065	Agent Phone: 612-612-0562 September Mailing Address (include City/State/Zip): 539 February MAI 5533	Ras muss es	WI S4873	Malling Address: OF ANES - City/State/Zip: MN 534		HOW DO I HILL OUT THIS APPLICATION (visit out website www.başiteracounty.org/zonnig/asp
	oreline :	ļ *	Lot Size	Subdivision:	Recorded Do	/State/Zip):	**************************************	73	1 22Ho	☐ SPECIAL USE ☐	Assic out website
	' No	ls Property in Floodplain Zone?	Acreage	**************************************	Document: (i.e. Property Ownership)	Attached K	715.798-3	Cell Phone:		B.O.A.	www.paylengcomm
	Yes	Are Wetlands Present?	4.274		erty Ownership)	Written Authorizakion Attached 6017 1	Plumber Phone: 715.718-3355	 	iū	□ OTHER	Aco /81111107 /810.4

	Width: Height:		Length:		uction:	Proposed Construction:
	Width: Height:		Length:	r is relevant to it)	Existing Structure: (if permit being applied for is relevant to it)	Existing Structure
	None				, company	
	☐ Compost Toilet			☐ Foundation	Property	
	☐ Portable (w/service contract)	□ None		No Basement	🗆 Run a Business on	
	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)		and a second state of the second seco	്≽ Basement\\\O	☐ Relocate (existing bldg)	- Annual management
	Sanitary (Exists) Specify Type: CONV	3	- Andrews - Andr	☐ 2-Story	□ Conversion	000
ΖWell	□ (New) Sanitary Specify Type:	X 2	🗡 Year Round	☐ 1-Story + Loft	🛚 Addition/Alteration	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
□ City	☐ Municipal/City	1	□ Seasonal	X 1-Story	☐ New Construction	
Water	What Type of Sewer/Sanitary System Is on the property?	# # bedrooms	Use	# of Stories and/or basement	Project (What are you applying for)	Value at Time of Completion * include donated time & material

facilities) (\times) (Accessory Building Addition/Alteration (specify) Special Use: (explain) Conditional Use: (explain)		
(Accessory Building Addition/Alteration (specify) Special Use: (explain)		_
(Accessory Building Addition/Alteration (specify)		
(Accessory Building Addition/Alteration (specify)		•
((x)) (x) (
	Accessory Building (specify) SCITEN DEFEN	se \Box	
	Addition/Alteration (specify)	×	
	Mobile Home (manufactured date)		
x x x	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)		
X	with Attached Garage	Use	Commercial Use
×	with (2 nd) Deck		
	with a Deck		
	with (2 nd) Porch		
(X)	with a Porch	Jse	X Residential Use
×	with Loft		*
(X	Residence (i.e. cabin, hunting shack, etc.)		
(X	Principal Structure (first structure on property)		
Dimensions Square Footage	Proposed Structure	•	Proposed Use

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

-			

ate country

Address to send permit

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Owner(s):

(If there are Multiple Owners listed on the Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application?

339 (Leo 1)

ive MN Copy of Tax Statement Copy of Tax Statement Deed MM

(1 N 1

Date

Date

Hold For Sanitary: Hold For TBA: Hold For TBA:	Signature of Inspector:	Inspected by: onditions Attached? Yes		□Yes ⊀ No Was Parcel Legally Created ★Yes □ No Was Proposed Building Site Delinested ★Yes □ No	Is Parcel a Sub-standard Lot	Permit Date:	Issuance Information (County Use Only) Sanitary Number: Permit Denied (Date): Reason for Denial:	(9) Stake or Mark Proposed Location(s) of New Construction Use Permits Expire One (1) Yes For The Construction Of New One & Two Family Dwellin The local Town, Village, City, States	wher previously surveyed corner or marked by a licensed surveyor at the owner's expense. Fior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback proposes previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposes. The proposes are the surveyor at the owner's expense.	Setback to Septic Lank or Holding Lank Setback to Drain Field Setback to Privy (Portable, Composting) Norto the placement or construction of a structure within ten (10) feet of the minimum required se	m the North Lot Line Ale NH m the South Lot Line Own Rd NH m the West Lot Line Own Rd 70 m the East Lot Line 80	Description Co. Seym. L.A. R.	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	The Gray	Los Jack Dit 2.T		Mulmum m	(1) Show Location of: Proposed Construction (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Front All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (ST): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%
Hold For Affidavit: Hold For Fees:		M. Fulfall Da Da No - (If No they need to be attached.)		Case F Owner Owner	tion Required	He.	11-164S # of bedrooms: 4	(ST), Drain field (DF), Holding Tank suance if Construction or Use has no Are Required To Enforce The Unifor es may also require permits.	feet from the minimum required setback, the boundary line from which the setbac ent by use of a corrected compass from a known corner within 500 feet of the pro	Feet SetDack to Well Feet SetDack to Well Feet SetDack the boundary line from which the setback must be measured must be visible		Description eet Setback from the Lake (ordinary high-water set Setback from the River, Stream, Creek Setback from the Bank or Bluff	central & change	sposed proposed reen xx17 antry	Thouse out the George	75	ake Middle Eas Clark	age Road) (DF); (*) Holding Tank (
	Date of Aporgyal: / (Lakes Classification (/) Date of Re-Inspection:	District (R-3	#: ©XYes □ □ No	Affidavit Required ☐ Yes Š No Affidavit Attached ☐ Yes Q No		Sanitary Date: 10 -17 -11	<u>(r), Privy (P)</u> , and <u>Well (</u> W). egun. welling Code.	must be measur sed site of the s	is from one previously surveyed corner to the		mark) Measurement Feet MH Feet	by the Plan		of to premove			*) Prīvy (P)